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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/720,438	
		Filing Date	November 24, 2003	
		First Named Inventor	Gomes et al.	
		Examiner Name	Not yet known	
Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	1771	
TOTAL AMOUNT OF PAYMENT	(\$) No Fee	Attorney Docket No.	ELG057-US1	

		(\$) No Fee								
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METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Accour	t Denosit A	•	. 18-0560			tronics Corn	oration			
Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038										
information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING,										
	FILING		SEARCH		EXAMINATIO					
		Small Entity		Small Entity	<u>Sm</u>	nall Entity				
Application Type	<u>se Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIN	/ FEES						Small Entity			
Fee Description						Fee (\$)				
Each claim over 20 (including Reiss	ues)				50	25			
Each independent cl	`	,				200	100			
Multiple dependent	,	aug ree.coues)				360	180			
	Extra Claims	Fee (\$)	Fee P	aid (\$)	Multiple Depen		100			
- 20 or HP =	x					Paid (\$)				
· ——			r than 20							
HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)										
-	Extra Claims	Fee (\$)	Fee P	aid (\$)						
-		Fee (\$)	Fee P	aid (\$)						
Indep. Claims	Extra Claims x	<u>Fee (\$)</u>								
Indep. Claims 3 or HP =	Extra Claims x r of independen	<u>Fee (\$)</u>								
Indep. Claims - 3 or HP = HP = highest numbe 3. APPLICATION	Extra Claims x r of independent SIZE FEE	Fee (\$) = t claims paid for	, if greater tha	an 3	ly filed sequence o	computer listi	ngs under 37			
Indep. Claims - 3 or HP = HP = highest numbe 3. APPLICATION If the specification a	Extra Claims x r of independen SIZE FEE nd drawings exc	Fee (\$) = t claims paid for seed 100 sheets	, if greater that	an 3 uding electronical						
Indep. Claims - 3 or HP = HP = highest numbe 3. APPLICATION	Extra Claims x r of independent SIZE FEE nd drawings exceptication size fe	Fee (\$) = t claims paid for seed 100 sheets 6 due is \$250 (\$, if greater that	an 3 uding electronical						
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